

INELIGIBLE VOLUNTEER RECORD SHEET
REGISTRATION SERVICE
BOY SCOUTS OF AMERICA

Council Name West Central Florida Council
Full Name Richard J. Jessop
Social Security Number [REDACTED]
Address [REDACTED]
City St. Petersburg State FL Zip 33714
Date of Birth 7/30/59
Approximate age _____ (To be used ONLY when date of birth is not known.)
Religion _____ Nationality U.S.
Occupation Disabled Education _____
Weight 165 Height 5'11" Race White
Color of hair Blond Color of eyes Green/Blue
Outstanding characteristics or interests _____
Married or single? Married Children 1
(Number, ages, & names if possible)
Spouse's name [REDACTED]
Scouting connections:
Chartered Organization Clearview United Methodist Church
Unit No. 3334 City St. Petersburg State FL
Position Cubmaster Date registered 9/91 Date resigned 10/1/91
Special recognition Tattoos on both arms
Suspended or denied registration for following reasons: Felon, served 8
years of 21 year sentence sexual assault on a minor.

Signed *William A. [Signature]*
Scout Executive

Council West Central Florida # 89

CONFIDENTIAL

NOV 25 1991

NOV 25 1991

F. STARON

November 27, 1991

Mr. William A. Robinson
Scout Executive
West Central Florida Council, No. 89

PERSONAL AND CONFIDENTIAL

SUBJECT: RICHARD J. JESSOP

Dear Bill:

Thank you for the detailed information sent concerning the above Scouter. This case has been reviewed with our attorney and is now on our permanent Ineligible Volunteer File.

Sincerely,

Paul Ernst, Director
Registration and Statistical Service

eko

cc: James O. Wilson, Southeast Region

READY FOR FILE
NOV 27 1991
ERIN O'RILEY

CONF026374

BOY SCOUTS OF AMERICA

ADULT APPLICATION

The information obtained in this form
is for the internal use of BSA only.

Please print one letter in each space—press hard; you are making four copies.

First name and initial

Last name

R I C H A R D J J E S S A P

Address—street or R.F.D.

Additional address information (if necessary)

City

State

ZIP code

S T P E T E R S B U R G F L 3 3 7 1 4

Home phone

Business phone

Date of birth

Training (see cover)

Position Code (see cover)

Occupation, employer, and business address

DISABLED

Years at this employment

Boys' Life

New leader

Transfer

Former leader

Sex

U. S. citizen

Are you an Eagle Scout?

Driver's license No.

State

FLORIDA

Expiration

7-30-97

1. Scouting background

Position

Council

Year

2. Experience working with youth in other organizations?

3. Previous residences (for last 5 years).

City

State

S T P E T E R S B U R G F L

4. Current memberships (religious, community, business, labor, or professional organizations).

5. References. Please list those who are familiar with your character as it relates to working with youth. References will be checked when necessary.

Name

Name

Name

6. Additional information.

- a. Do you use illegal drugs? Yes ☒ No ☐
 b. Have you ever been convicted of a criminal offense? (If yes, explain below.) Yes ☒ No ☐
 c. Have you ever been charged with child neglect or abuse? Yes ☒ No ☐
 d. Has your driver's license ever been suspended or revoked? (If yes, explain below.) Yes ☒ No ☐
 e. Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of young people? (If yes, explain below.) Yes ☒ No ☐

I understand that:

- a. The information that I have provided may be verified, if necessary, by contacting persons or organizations named in this application, or by contacting any person or organization that may have information concerning me. I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless the chartered organization, local council, Boy Scouts of America, and the officers, employees, and volunteers thereof.

- b. In signing this application, I affirm that the information I have given is true and correct.

X Richard Jessup 9-12-91
Signature of applicant date

COUNCIL/DISTRICT/DIVISION SCOUTERS

Council/District/Division position

District name

OR

Social Security number (optional)

APPROVALS FOR UNIT SCOUTERS

We are unaware of any information contrary to the information stated on this application. This applicant meets the leadership standards of the Boy Scouts of America:

Signature of unit committee chairman

Date

Signature of chartered organization head or chartered organization representative

Date

Signature of Scout executive or designee

Date

APPROVAL FOR COUNCIL, DISTRICT, AND DIVISION SCOUTERS

We are unaware of any information contrary to the information stated on this application. This applicant meets the leadership standards of the Boy Scouts of America:

Signature of Scout executive or designee

Date

Registration fee

\$

Boys' Life fee

\$

Term (months)

Unit renewal date

Month Year

Transfer from:

Council

FOR COUNCIL USE

Nat'l unit No.

Member ID No.

Occupation code

Employer code

☐ If applicant has an unexpired membership certificate, registration may be accomplished by paying \$1 for processing the transfer. Check the box and attach certificate. It will be returned by the council.

CHARTERED ORGANIZATION COPY

CONF026375



Pinellas Area Council of Boy Scouts of America, Inc. D.B.A.
WEST CENTRAL FLORIDA COUNCIL
Boy Scouts of America

★★



October 21, 1991

Mr. Richard Jessop

St. Petersburg, FL 33714

Dear Mr. Jessop:

After careful review, we have decided that your registration with the Boy Scouts of America should be recinded. We are therefore compelled to request that you sever any relations that you may have with the Boy Scouts of America. A refund of your registration fee is enclosed.

You should understand that BSA membership registration is a privilege and is not automatically granted to everyone who applies. We reserve the right to refuse registration whenever there is a concern that an individual may not meet the high standards of membership which the BSA seeks to provide for American youth.

If you wish to have this decision reviewed by a BSA regional review committee, please write to the regional director within 60 days of the date of this letter, explaining your version of the facts supporting your claim that your registration as a BSA member should be reinstated. The procedures for a review of this decision are attached.

Sincerely yours,

William A. Robinson
Scout Executive

WAR:ss

*Added to IOW file
not on neg file
not on NESA file
11/25/91
cmw*

★★ NEW ADDRESS:



United Way

SERVING THE YOUTH OF PINELLAS AND WEST PASCO COUNTIES

CONF026376